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SECRETARY OF STATE
TALLAHASSEE, FL

B. ROBERTS

OCT 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NuStep Athletic Association Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Omar Nicholls

Name of Person

NuStep Athletic Association Inc.

Firm/Company

5060 SW 64th Avenue, Unit 305

Address

Davie, Florida, 33314

City/State and Zip Code

info@nustep.ca

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisha Romain

Name of Person

at (416)

Area Code

550-9145

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

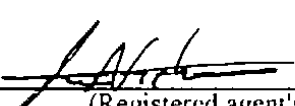
☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee.
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
THE STATE OF FLORIDA:

1. NuStep Athletic Association Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
NuStep Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Canada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 7, 2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 5060 SW 64th Avenue, Unit 305, Davie, FL. 33314
(Principal office street address)
(Current mailing address, if different)
8. To run low-cost sports activities and competitions curriculums designed to empower youth with life skills.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: Omar Nicholls
Office Address: 5060 SW 64th Avenue, Unit 305
Davie, Florida 33314
(City) (Zip Code)
10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duty and I am familiar with and accept the obligations of my position as registered agent.
- 
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Omar Nicholls
38 Madison Avenue
☐ Vice Chairman Address: _____
Toronto, ON, M5R 2S1
☒ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Elisha Romain
38 Madison Avenue
☐ Vice Chairman Address: _____
Toronto, ON, M5R 2S1
☒ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

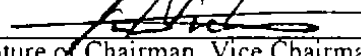
☐ Chairman Name: Imoinda Romain
38 Madison Avenue
☐ Vice Chairman Address: _____
Toronto, ON, M5R 2S1
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Peter Hanson
38 Madison Avenue
☐ Vice Chairman Address: _____
Toronto, ON, M5R 2S1
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes or Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Omar Nicholls, Director/President
(Typed or printed name and capacity of person signing application)



Certificate of Existence

Canada Not-for-profit Corporations Act s. 290(1)(c)

Certificat d'existence

*Loi canadienne sur les organisations à but non
lucratif art. 290(1)(c)*

NuStep Athletic Association Inc.

Corporate name / Dénomination de l'organisation

978375-0

Corporation number / Numéro de l'organisation

I HEREBY CERTIFY that the above-named
corporation was in existence under the
Canada Not-for-profit Corporations Act on
2021-11-06 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que
l'organisation susmentionnée existait en
vertu de la *Loi canadienne sur les
organisations à but non lucratif* le 2021-11-
06 (AAAA-MM-JJ).

Isabelle Foley

Deputy Director / Directeur adjoint

2021-11-06

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)